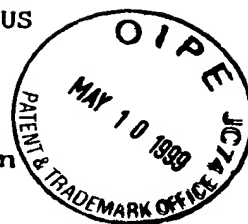


VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN



I hereby declare that I am
☐ the owner of the small business concern identified below;
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN Dienes Werke für Maschinenteile GmbH & Co.KG
 ADDRESS OF CONCERN Kölner Straße 7, 51491 Overath
Germany

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled BLADE HOLDER WITH CUTTING ADJUSTMENT INDEPENDENT OF STROKE by inventor(s) Rudolf Supe-Dienes described in:

☐ the specification filed herewith.
☒ application serial no. 09/251,781, filed Feb. 17, 1999.
☐ patent No. _____, issued _____.

If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Rudolf Supe-Dienes

TITLE OF PERSON OTHER THAN OWNER Geschäftsführer (Manager)

ADDRESS OF PERSON SIGNING Rötter Weg 5, 51491 Overath
Germany

SIGNATURE [Signature]

DATE April 28, 1999

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought of the invention entitled:

BLADE HOLDER WITH CUTTING FORCE ADJUSTMENT INDEPENDENT OF STROKE

the specification of which
_____ is attached hereto;

X was filed on Feb. 17, 1999 as Application Ser.No.09/251,781 and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known by me to be material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

Priority
Claimed:

(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
198 06 444.6	Germany	17 February 1998	X	

I hereby appoint the following attorneys, Robert W. Becker, Reg. No. 26,255, and patent agent, Gudrun E. Hockett, Reg. No. 35,747, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Address all telephone calls to (505) 286-3511. Address all correspondence to ROBERT W. BECKER & ASSOCIATES, 11896 N. Highway 14, Suite B, Tijeras, New Mexico 87059.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Rudolf Supe-Dienes

Inventor's signature [Signature] Date: 28 April 1999

Residence: Rotter Weg 7, 51491 Overath, Germany

Citizenship: German

Post Office Address: same as above

Full name of second inventor, if any:

Inventor's signature _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of third inventor, if any:

Inventor's signature _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____